

# Missouri Immunization Program

## Vaccine Order Form

**INSTRUCTIONS:** Please use this form to order vaccine. Indicate the **number of doses** needed. You must account for all previously shipped vaccine and wastage on the monthly accountability form.

Vaccines	Doses Ordered (Indicate number of doses)	Packaging Information
DTaP ( <b>DAPTACEL</b> ) Sanofi Pasteur	doses	10 single-dose vials (10x1)
DTaP ( <b>Tripedia</b> ) Sanofi Pasteur	doses	10 single-dose vials (10x1)
DTaP ( <b>Infanrix</b> ) GSK	doses	10 single-dose vials (10x1)
DTaP/HB/IPV ( <b>Pediarix</b> ) GSK <b>licensed for doses 1, 2, 3 only</b>	doses	10 single-dose vials (10x1)
DTaP/Hib/IPV ( <b>Pentacel</b> ) Sanofi Pasteur <b>licensed for doses 1-4, &lt;5 yrs of age</b>	doses	5 single-dose vials (5X1)
DTaP/IPV ( <b>KINRIX</b> ) GSK <b>licensed for DTaP #5 and IPV #4, 4 – 6 yrs of age</b>	doses	10 single-dose vials (10x1)
DT Sanofi Pasteur <b>less than 7 years of age</b>	doses	10 single-dose vials (10x1)
EIPV ( <b>IPOL</b> ) Sanofi Pasteur	doses	10 dose vial
Hep A ( <b>Havrix</b> ) GSK <b>1+ years of age</b>	doses	10 single-dose vials (10x1)
Hep A ( <b>VAQTA</b> ) Merck <b>1+ years of age</b>	doses	10 single-dose vials (10x1)
Hep B ( <b>Engerix</b> ) GSK	doses	10 single-dose vials (10x1)
Hep B ( <b>Recombivax</b> ) Merck	doses	10 single-dose vials (10x1)
Hep B/Hib ( <b>COMVAX</b> ) Merck	doses	10 single-dose vials (10x1)
Hib ( <b>ActHIB</b> ) Sanofi Pasteur <b>4-dose series</b>	doses	5 single-dose vials with diluent (5x1)
Hib ( <b>PedvaxHIB</b> ) Merck <b>3-dose series</b>	doses	10 single-dose vials (10x1)
HPV ( <b>GARDASIL</b> ) Merck <b>Females 9 – 18 years of age</b>	doses	10 single-dose vials (10x1)
MCV4 ( <b>Menactra</b> ) Sanofi Pasteur <b>11 – 18 years of age</b>	doses	5 single-dose vials (5x1)
MMR ( <b>MMRII</b> ) Merck	doses	10 single-dose vials with diluent (10x1)
Pneumo 23 ( <b>Pneumovax</b> ) Merck <b>2+ years of age</b>	doses	5 dose vial
PNU 7 ( <b>Prevnar</b> ) Wyeth	doses	10 pre-filled syringes (10x1)
Rotavirus ( <b>RotaTeq</b> ) Merck <b>3-dose series - 6 – 32 weeks of age</b>	doses	10 single-dose tubes (10x1)
Rotavirus ( <b>Rotarix</b> ) GSK <b>2-dose series - 6 – 32 weeks of age</b>	doses	10 single-dose tubes (10x1)
Td ( <b>DECAVAC</b> ) Sanofi Pasteur <b>7+ years of age</b>	doses	10 pre-filled syringes (10x1)
Tdap ( <b>ADACEL</b> ) Sanofi Pasteur <b>11 – 18 years of age</b>	doses	10 single-dose vials (10x1)
Tdap ( <b>BOOSTRIX</b> ) GSK <b>11 – 18 years of age</b>	doses	10 single-dose vials (10x1)
Varicella ( <b>Varivax</b> ) Merck	doses	10 single-dose vials (10x1)
SIGNATURE and DATE  ➤	<u>Please assure that your address and pin number are provided below:</u>	
VFC use only		

Rev 7-08

RETURN COMPLETED ORDER FORM TO:  
**Vaccines for Children Program, MODHSS**  
**PO Box 570, Jefferson City, MO 65102**  
**Phone: 800-219-3224 FAX: 573-526-5220**